

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q1 CY 2016

1. Providers Enrolled
2. Active Providers
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4. Denials
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6. Diagnoses
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9. Definitions

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2016
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	Providers Enrolled
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535035 VITALITY UNLIMITED	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100535052 WESTCARE NEVADA INC	1
			100537954 SOLUTIONS RECOVERY INC	1
			100545835 HORIZON RIDGE CLINIC LLC	1
		Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		Elko	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1
			100535034 VITALITY UNLIMITED	1
			100535038 QUEST COUNSELING AND CONSULTING	1
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
			100535043 RIDGE HOUSE INC	1
			100535046 STEP 2 INC	1
			100535048 WESTCARE NEVADA INC	1
			100535452 STEP 1 INC	1
			100541699 WESTCARE NEVADA RENO CIC	1
			Total	29

Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2016
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535031 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535042 LAS VEGAS INDIAN CENTER INC	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535046 STEP 2 INC	1
		100535047 WESTCARE NEVADA INC	1
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		100537954 SOLUTIONS RECOVERY INC	1
		100539961 WESTCARE NEVADA INC	1
		100541699 WESTCARE NEVADA RENO CIC	1
		Total	21

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

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Time Period: Incurred With Runoff Quarter		QTR 1 2016			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	9,093	73.44%	3,288	26.56%

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2016
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Duplicate of History File Reco	1,523
		Procedure Requires Authorizati	730
		NUMBER OF PROCEDURES EXCEEDS N	281
		BILL ANY OTHER AVAILABLE INSUR	234
		Invalid or Missing Recipient I	109
		ENROLLED IN HMO	104
		Recipient Not on File	84
		Recipient Not Eligible on DOS	65
		Duplicate Payment Request - Sa	63
		ALLOWED AMOUNT > THRESHOLD	31
		INVALID DIAGNOSIS CODE	30
		PAYMENT REDUCED TO UNITS AUTHO	6
		PROCEDURE DISAGREES WITH AUTHO	6
		Unknown Edit Err1 4720	6
		Unknown Edit Err1 0181	4
		Unknown Edit Err1 0916	4
		SERVICES NOT COVERED	3
		NON-EMERG SVS NOT AUTH N-CTZN	2
		INVALID PROCEDURE/MODIFIER COM	1
		Rendering Provider Not Certifi	1
		Unknown Edit Err1 4721	1
		Total	3,288

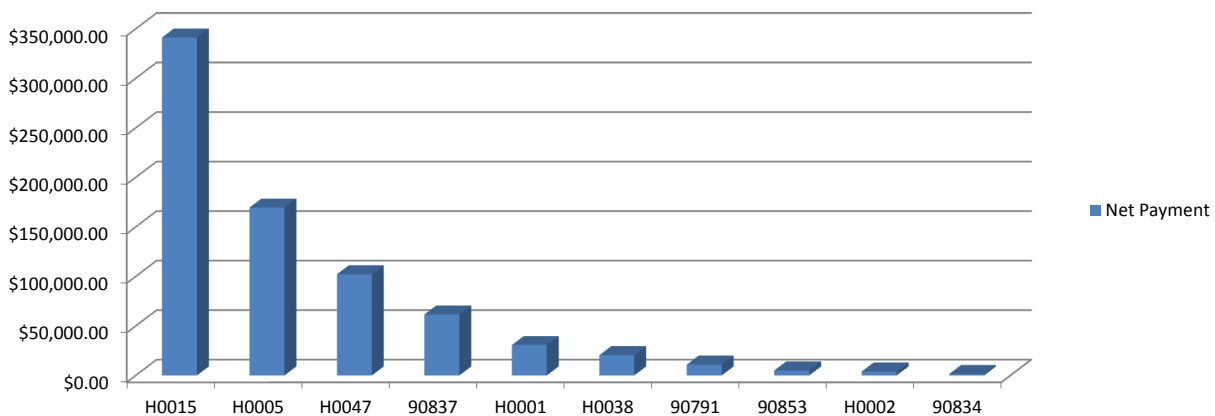
Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2016		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	153	2,435	\$341,222.15
		H0005	Alcohol/drug services-group counsel by clinician	399	5,681	\$169,470.20
		H0047	Alcohol/drug abuse svc not otherwise specified	374	1,770	\$102,158.52
		90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	156	574	\$61,512.10
		H0001	Alcohol and/or drug assessment	220	220	\$30,641.74
		H0038	Self-help/peer services per 15 minutes	57	2,590	\$20,403.20
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	79	79	\$10,888.31
		90853	GROUP PSYCHOTHERAPY	36	167	\$4,972.20
		H0002	Behav health screen-eligibility for Tx program	129	129	\$3,906.25
		90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	10	19	\$1,404.48
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	8	14	\$1,369.90
		H0049	Alcohol &/or drug screening	130	133	\$1,289.92
		H0007	Alcohol/drug services-crisis intervention-outpt	3	56	\$1,215.76
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	6	7	\$787.85
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	7	7	\$716.32
		90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	1	7	\$656.94
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	9	14	\$577.25
		90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	8	12	\$456.72
			Total	1,785	13,914	\$753,649.81

**PT17 Specialty 215
Top 10 Procedures by Net Payment**



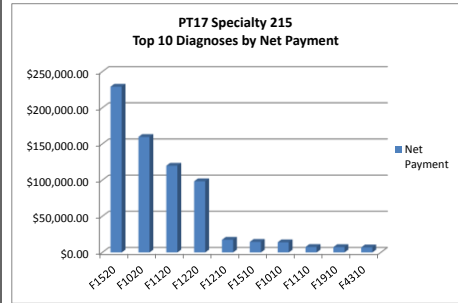
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment,

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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**Substance Abuse Agency Model (SAAM)
Fee for Service Reports**

Time Period: Incurred With Runoff Quarter				QTR 1 2016		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal			
017	215	F1520	Other stimulant dependence, uncomplicated	274	5,087	\$229,239.21
		F1020	Alcohol dependence, uncomplicated	185	3,044	\$159,730.67
		F1120	Opioid dependence, uncomplicated	106	2,303	\$119,887.49
		F1220	Cannabis dependence, uncomplicated	102	1,357	\$98,391.19
		F1210	Cannabis abuse, uncomplicated	26	252	\$17,532.23
		F1510	Other stimulant abuse, uncomplicated	23	256	\$14,627.62
		F1010	Alcohol abuse, uncomplicated	38	279	\$14,077.79
		F1110	Opioid abuse, uncomplicated	7	140	\$7,562.29
		F1910	Other psychoactive substance abuse, uncomplicated	8	59	\$7,426.64
		F4310	Post-traumatic stress disorder, unspecified	20	69	\$7,035.27
		F1420	Cocaine dependence, uncomplicated	10	157	\$6,646.42
		G4700	Insomnia, unspecified	1	47	\$6,463.57
		F902	Attention-deficit hyperactivity disorder, combined type	3	128	\$5,140.74
		F411	Generalized anxiety disorder	10	56	\$4,612.06
		F909	Attention-deficit hyperactivity disorder, unspecified type	4	35	\$4,425.22
		F319	Bipolar disorder, unspecified	3	36	\$4,130.85
		F913	Oppositional defiant disorder	8	32	\$3,220.55
		F1820	Inhalant dependence, uncomplicated	1	22	\$3,089.99
		F330	Major depressive disorder, recurrent, mild	4	32	\$2,982.33
		F331	Major depressive disorder, recurrent, moderate	3	33	\$2,352.66
		F321	Major depressive disorder, single episode, moderate	4	22	\$2,224.55
		F4323	Adjustment disorder with mixed anxiety and depressed mood	5	16	\$1,617.22
		F4320	Adjustment disorder, unspecified	4	13	\$1,499.88
		R69	Illness, unspecified	66	75	\$1,495.87
		F329	Major depressive disorder, single episode, unspecified	6	15	\$1,484.04
		F332	Major depressive disorder, recurrent severe without psychotic features	4	19	\$1,459.77
		F39	Unspecified mood [affective] disorder	3	12	\$1,388.80
		F341	Dysthymic disorder	5	12	\$1,297.80
		F328	Other depressive episodes	1	11	\$1,220.99
		F630	Pathological gambling	3	23	\$1,217.22
		F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	4	12	\$1,188.14
		F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	2	33	\$1,124.70
		F1021	Alcohol dependence, in remission	2	15	\$1,105.46
		F1920	Other psychoactive substance dependence, uncomplicated	2	20	\$1,036.28
		Z0389	Encounter for observation for oth suspect disease & conditions ruled out	9	14	\$995.72
		F1521	Other stimulant dependence, in remission	5	8	\$880.83
		F209	Schizophrenia, unspecified	2	14	\$829.08
		F1590	Other stimulant use, unspecified, uncomplicated	5	9	\$816.70
		F1410	Cocaine abuse, uncomplicated	2	18	\$758.63
		F410	Panic disorder [episodic paroxysmal anxiety] without agoraphobia	2	6	\$711.52
		F3111	Bipolar disorder, current episode manic without psychotic features, mild	2	7	\$710.98
		F3181	Bipolar II disorder	1	6	\$648.90
		F4321	Adjustment disorder with depressed mood	3	6	\$623.84
		F1290	Cannabis use, unspecified, uncomplicated	3	9	\$597.48
		Z605	Target of (perceived) adverse discrimination and persecution	1	9	\$581.85
		F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	2	5	\$540.75
		F4325	Adjustment disorder with mixed disturbance of emotions and conduct	2	5	\$520.15
		F419	Anxiety disorder, unspecified	1	6	\$520.02
		F1221	Cannabis dependence, in remission	2	5	\$446.77
		F3341	Major depressive disorder, recurrent, in partial remission	1	4	\$432.60
		F251	Schizoaffective disorder, depressive type	2	5	\$426.22
		F10120	Alcohol abuse with intoxication, uncomplicated	1	8	\$415.08
		F4324	Adjustment disorder with disturbance of conduct	2	3	\$376.77
		F1121	Opioid dependence, in remission	2	5	\$369.39
		F4322	Adjustment disorder with anxiety	1	3	\$324.44
		F918	Other conduct disorders	2	3	\$308.77
		F320	Major depressive disorder, single episode, mild	2	4	\$307.31
		F339	Major depressive disorder, recurrent, unspecified	2	3	\$287.30
		F1421	Cocaine dependence, in remission	2	2	\$278.92
		F322	Major depressive disorder, single episode, severe w/o psychotic features	1	2	\$216.30
		F1519	Other stimulant abuse with unspecified stimulant-induced disorder	1	3	\$199.16
		F1990	Other psychoactive substance use, unspecified, uncomplicated	1	3	\$199.16
		F1610	Hallucinogen abuse, uncomplicated	1	4	\$175.26
		F1620	Hallucinogen dependence, uncomplicated	1	2	\$170.23
		F4311	Post-traumatic stress disorder, acute	1	2	\$170.23
		Z599	Problem related to housing and economic circumstances, unspecified	1	2	\$170.23
		F840	Autistic disorder	1	1	\$139.46
		Z62820	Parent-biological child conflict	1	1	\$139.46
		F15929	Other stimulant use, unspecified with intoxication, unspecified	1	1	\$120.00
		F4481	Dissociative identity disorder	1	1	\$108.15
		F603	Borderline personality disorder	1	1	\$108.15
		F508	Other eating disorders	1	1	\$57.78
		F1190	Opioid use, unspecified, uncomplicated	1	1	\$30.77
		Total		1,020	13,914	\$753,649.81



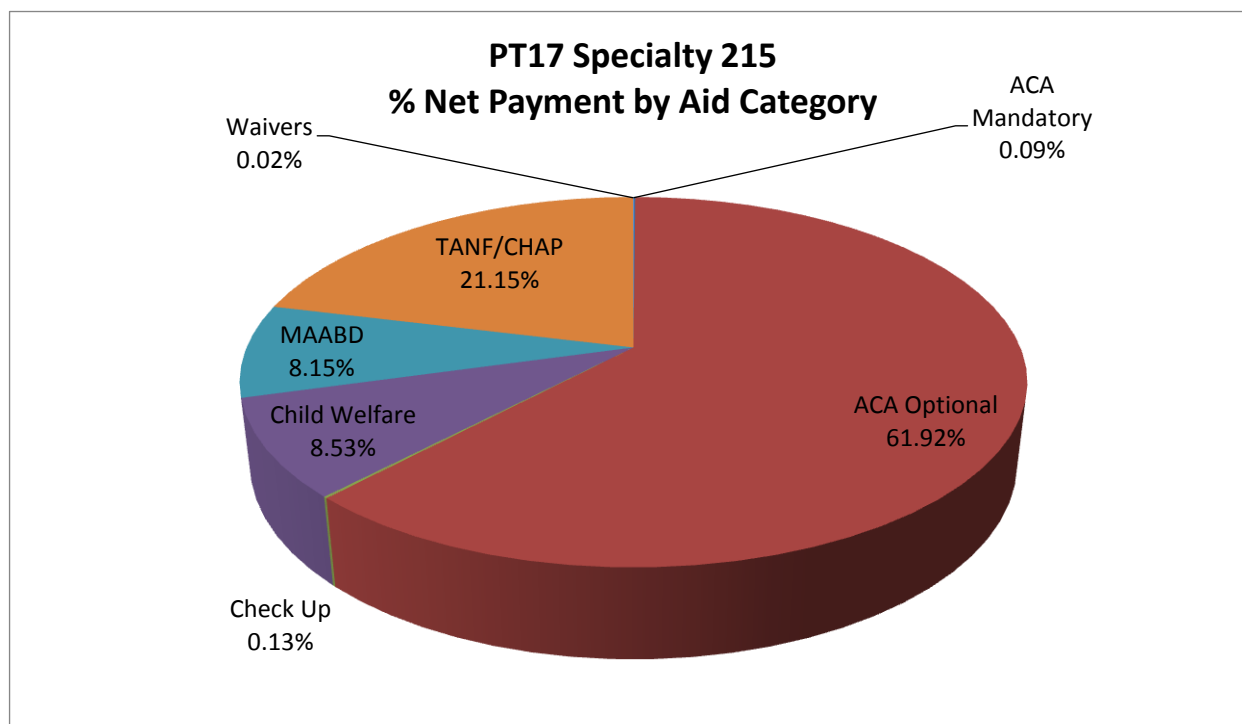
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across diagnosis codes).

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Time Period: Incurred With Runoff Quarter			QTR 1 2016		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
		ACA Mandatory	1	6	\$680.21
		ACA Optional	618	9,723	\$466,682.17
		Check Up	4	13	\$992.01
		Child Welfare	33	807	\$64,308.46
		MAABD	104	969	\$61,406.30
		TANF/CHAP	211	2,394	\$159,410.43
		Waivers	1	2	\$170.23
		Total	972	13,914	\$753,649.81



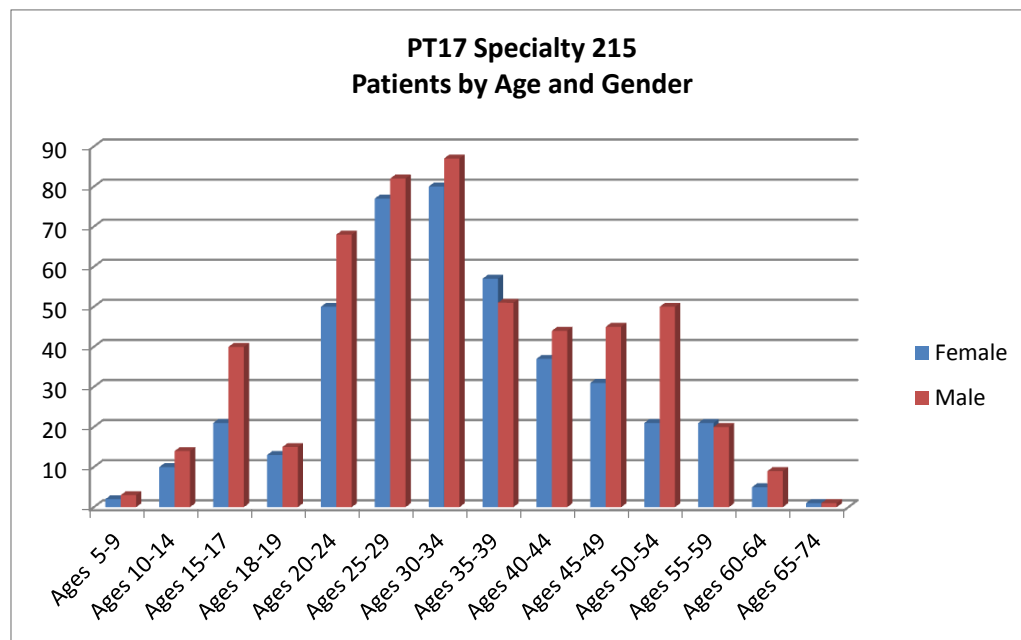
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across aid categories).

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2016	
			Patients	
			F	M
Gender Code				
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	2	3
		Ages 10-14	10	14
		Ages 15-17	21	40
		Ages 18-19	13	15
		Ages 20-24	50	68
		Ages 25-29	77	82
		Ages 30-34	80	87
		Ages 35-39	57	51
		Ages 40-44	37	44
		Ages 45-49	31	45
		Ages 50-54	21	50
		Ages 55-59	21	20
		Ages 60-64	5	9
		Ages 65-74	1	1
		Total	426	529



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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<u>Dimension/Measure</u>	<u>Definition</u>
Aid Category	Nevada - specific description for the local aid category.
Claims Denied	The number of claims denied based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Claims Paid	The number of claims paid based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
Edit Error 1	The description for Edit Error.
Net Payment	The net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Patients	The unique count of members who received facility, professional, or pharmacy services.
Procedure Code	The procedure code for the service record.
Provider County	The current county description of the provider of service.
Provider Specialty Claim NV Code	The Nevada specific code for the servicing provider specialty reported on the claim.
Provider Type Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.
Providers	The unique count of providers who performed any facility, professional, or pharmacy services.
Providers Enrolled	The unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients. The enrolled provider measures differ from the other provider measures in that those measures only include providers who have submitted claims for facility, professional, or pharmacy services under the plan.
Service Count Paid	The sum of the units paid across professional and facility claims.